

## HISTORY OF WOMEN'S HEALTH IN UZBEKISTAN

Aliyeva Fatima Shukhrat qizi

Master's Student, University of Economics and Pedagogy

### Abstract

This article analyzes the main problems faced by women in the southern regions of Uzbekistan in maintaining their health. The socio-economic conditions of the region, the quality of medical services, women's knowledge and skills regarding a healthy lifestyle, early marriages, reproductive health, and practical situations in the protection of motherhood and childhood are highlighted. Factors such as the lack of medical infrastructure, the level of gender equality, the impact of the environmental environment, and the legal and social activity of women are considered as factors affecting the effectiveness of the health care system. Proposals and recommendations aimed at eliminating these problems are also presented.

**Keywords:** Women's health, southern regions, reproductive health, gender equality, early marriage, medical services, motherhood, socio-economic environment.

### Introduction

Women's health is one of the most important factors ensuring the socio-economic development, demographic stability and healthy development of the gene pool of any society. The health of the population, especially women's health, directly reflects how effectively the health system in the country functions. Maintaining the health of women, providing them with quality medical services, improving their quality of life and well-being are one of the priorities of state policy.

Although significant reforms have been carried out in the Republic of Uzbekistan in recent years in the areas of strengthening women's health, protecting reproductive health, and protecting motherhood and childhood, a number of problems still remain in some regions of the country, especially in the southern regions. These problems include inadequate health infrastructure, a shortage of qualified medical personnel, socio-economic inequality, environmental hazards, low knowledge and skills of women about a healthy lifestyle, early marriage and early pregnancy.

In particular, among women living in mountainous and remote areas of Surkhandarya region, maternal complications, anemia, hormonal disorders and infertility remain high. Also, in Kashkadarya and Bukhara regions, there are male-dominated social relations, cultural and family barriers to women's access to health services. This limits women's opportunities to timely restore their health, take preventive measures and monitor their health.

This article comprehensively studies the problems associated with maintaining women's health in the southern regions, analyzes the available statistical data and social factors in this regard, and develops proposals and recommendations for solving current problems.

Women's health is a global issue, and according to the World Health Organization (WHO), women's health is closely linked to the social, economic, and cultural factors that exist in a country. In particular, the 2022 report published by the WHO lists reproductive health, inadequate prenatal and postnatal care, lack of equal access to health services, and gender inequalities in the health system as key challenges to women's health.



In Uzbekistan, this issue has also been studied in several scientific studies. Research conducted by Doctor of Medical Sciences O. Ataniyozova has shown that the ecological crisis in the Aral Sea region has a negative impact on women's reproductive health. Her research specifically emphasizes that environmental factors, water and food quality, lead to health problems in women and pregnant women.

Also, I. Karimova (2020) in her scientific article "Reproductive Health and Women's Social Activity" shows that the centralization of services in the healthcare system and the lack of diagnostic and screening services in remote areas lead to a decline in women's health. The author proves that early marriage, early pregnancy, and domestic violence in the Kashkadarya region have a serious impact on health.

A. Shukurova and B. Yusupov (2021) in their article on the health infrastructure of the southern regions noted the lack of qualified gynecologists, therapists and psychologists, the low level of regular health monitoring habits among women, and the lack of a culture of preventive examinations. They also indicate psychological pressure, economic dependence and social exclusion, which negatively affect women's health, as important analytical criteria.

In addition, international organizations such as UNFPA and ADB have published statistical data and analytical reports covering the state of women's health, gender equality and health reforms in Uzbekistan. These sources provide detailed information on women's access to medical services, differences in urban and rural areas, the qualifications of health workers and the population's awareness of a healthy lifestyle.

Thus, the existing literature and research show that the problems related to women's health in the southern regions are multifaceted and deep-rooted. To solve them, it is clear that an integrated approach, scientifically based strategies, and a social support system are needed.

The approval of the Concept for the Development of the Healthcare System of the Republic of Uzbekistan for 2019-2025 by the Decree of the President of the Republic of Uzbekistan was also a major event in the development of the sector. In developing this concept, a thorough analysis of the state of the country's healthcare system was carried out. The experience of more than 20 developed countries in this area was studied.

The intensive maternal mortality ratio (per 100,000 live births) was 65.3 in 1991, and decreased to 28.1 in 1997. Measures taken to improve the health of women of childbearing age in the republic reduced the dynamics of childbirth by 5.1%, the dynamics of abortions by 16.9%, reducing their ratio to 1:8.

However, the indicators of Surkhandarya (30.4), Samarkand (25.8), Kashkadarya (29.1), Jizzakh (25.6), Namangan (25.6), Fergana (25.4), Khorezm (25.1) regions are still higher than the republican average.

In 1997, 171 women died during pregnancy, childbirth and the postpartum period, the increase in maternal mortality was 57.2 in the KRG, 37.6 in Navoi region, 34.4 in Bukhara, and 34.3 in Surkhandarya region. The implementation of modern perinatal technology (togetherness of mother and child, early breastfeeding of the baby), and the widespread introduction of breastfeeding were widely promoted in practice.

In 1998, the tasks of creating conditions for providing highly qualified specialized medical care to the population of our country, strengthening the vertical interaction of the republic's specialized centers with medical institutions at the regional and district levels in the prevention, diagnosis and



treatment of diseases are being transformed into one of the important areas of parliamentary and public control. The existing opportunities for the formation of a healthy lifestyle among women are not being sufficiently used by the Council of Ministers of the Republic of Karakalpakstan, the secretariats of Samarkand, Navoi, Bukhara, Andijan regions. For this reason, it is observed that 70-80% of women of childbearing age in these regions suffer from various extragenital diseases. Maternal mortality rates increased in Tashkent city (38.0/61.2), Jizzakh (30.2/33.5), Kashkadarya (30.1/45.6), Tashkent (20.9/31.5), Khorezm (16.1/21.3) regions (28.6/31.0 in the republic), and the number of abortions increased in Jizzakh region (+453).

The activities and capabilities of the Republican Specialized Obstetrics and Gynecology and Republican Specialized Endocrinology Scientific and Practical Medical Centers, existing problems, and the demands and needs of the population were studied by the Ministry of Health, and the Republican Specialized Obstetrics and Gynecology Scientific and Practical Medical Center provided inpatient care to more than 10 thousand women, including pregnant women, annually. More than 63 thousand women annually receive qualified outpatient consultations. In 2017, 37 field visits were organized by the specialists of this center, during which 8142 patients underwent qualified medical examinations. In particular, the amount of work carried out within the framework of the "Healthy Generation" state program alone is truly unprecedented. In particular, a rehabilitation center equipped with modern medical equipment worth 2.8 million US dollars was launched in the city of Gulistan. In our capital, a perinatal center was established under the polyclinic of the Scientific Research Institute of Obstetrics and Gynecology and the Tashkent Pediatric Medical Institute, providing highly qualified medical care to women. The "Mother and Child" center, which combines all the amenities, serves the people in the Beshariq district of the Fergana region. Hundreds of babies were born healthy and safe in the maternity complex of the Nurota District Central Hospital, equipped with medical equipment worth \$1.2 million.

The results of the above study show that the problems associated with maintaining women's health in the southern regions of Uzbekistan are directly related not only to medical, but also to social, cultural and economic factors. The issue of women's health is determined not only by the activities of health care institutions or technical infrastructure, but also by the place of a woman in social life, her legal status, level of education and her esteem in society.

Insufficient health care infrastructure in the southern regions, poor preventive medical examinations and a shortage of qualified specialists sharply limit women's opportunities to lead a healthy life. At the same time, although the state has developed a number of strategic documents on healthcare reform, their effectiveness remains low due to their incomplete and inconsistent implementation at the local level.

Women's health problems are often exacerbated by patriarchal relations within the family, gender stereotypes, early marriage, male dominance and religious and spiritual restrictions. The inability of women to independently seek medical care is a direct violation of their health and rights. In such cases, the issue of health care should be viewed not only as a personal issue, but also as a matter of social equality and human rights.

International experience provided by organizations such as the World Health Organization (WHO), UNFPA, and UNICEF shows that the following approaches to improving women's health are the most effective:

- Adapting the health system to the needs of society, especially taking into account the needs of



women;

- Providing information to the general public about medical services for women, strengthening the promotion of healthy lifestyles;
- Involving family members, especially men, in women's health issues;
- Involving community and civil society institutions in monitoring and information campaigns on health.

Many of these experiences can be gradually introduced in Uzbekistan.

In Surkhandarya and Kashkadarya regions, poor environmental conditions, contaminated drinking water, and low hygienic culture directly affect women's health. In addition, these regions have a high population density and a low number of medical service points. This increases the impact of environmental hazards in the air, water and food on health.

Women's health problems are not only a problem related to medical technologies, specialists or infrastructure, but also the result of the interaction of complex social, economic and cultural systems. Therefore, solutions should also be developed based on a multidisciplinary approach.

Based on the above analysis, it can be concluded that the problems related to women's health in the southern regions of Uzbekistan are multifaceted, complex and consist of a set of interrelated factors. The lack of infrastructure and qualified personnel in the health system, early marriage and pregnancy, low health control culture, the socio-legal status of women and their restrictions on making decisions about their health are among the main roots of the existing problems.

The findings of the study show that health care reforms in these regions are mostly reflected at the central level, while local conditions and needs are not fully taken into account. Therefore, strengthening the health care system should be carried out in conjunction with not only technical and organizational measures, but also with changing social consciousness, ensuring gender equality, and actively involving civil society.

## References

1. Jahon sog'liqni saqlash tashkiloti (WHO). Women's health and well-being in Europe: beyond the mortality advantage. Copenhagen: WHO Regional Office for Europe; 2022.
2. Ataniyozova O. Orolbo'yi ekologik inqirozi va ayollar salomatligi. Nukus: Qoraqalpoq nashriyoti, 2018.
3. Karimova I. Reproktiv salomatlik va ayollar ijtimoiy faolligi. "Tibbiyot va jamiyat" jurnali, 2020, №3, 45–50-betlar.
4. Shukurova A., Yusupov B. Sog'liqni saqlash infratuzilmasining hududiy xususiyatlari: Janubiy viloyatlar misolida. "Geografiya va hayot", 2021, №2, 22–28-betlar.
5. UNFPA Uzbekistan. Reproductive Health Survey: Summary of Findings. Toshkent: UNFPA, 2021.
6. Asian Development Bank. Country Gender Assessment: Uzbekistan. Manila: ADB, 2020. <https://www.adb.org>
7. UNICEF Uzbekistan. Women and Children in Uzbekistan: Health and Social Indicators. Toshkent: UNICEF, 2022.
8. Sog'liqni saqlash vazirligi. 2023-yilgi Respublika sog'liqni saqlash hisobotlari. Toshkent: SSV nashriyoti, 2024.
9. Amonova S. Gender tenglik va salomatlik: O'zbekiston tajribasi. "Ijtimoiy fanlar" jurnali, 2022,



№4, 15–21-betlar.

10. O‘zbekiston Respublikasi Prezidenti huzuridagi Iqtisodiy tadqiqotlar va islohotlar markazi. Mahalliy sog‘liqni saqlash tizimining barqarorligi. Tahliliy ma’ruza, 2023.

11. O‘zbekistonda sog‘liqni saqlash.//T.,№ 9 (1238).2019 yil 8 mart.

12. O‘zbekiston Milliy Arxivi, M-15-fond, 1-ro‘yxat,1382-ish, 109-varaq

13. O‘zbekiston Milliy Arxivi, 37-fond, 1-ro‘yhat (davomi), 5486-ish, 3-varaq.

14. «Xalq so‘zi» 14 aprel 2017 yil

15. O‘zbekistonda sog‘liqni saqlash. T.,№ 1(309) 2003-yil 7-13 yanvar.

